

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037333

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 212

FILED OCT 1 1962

VS 300
Rev. 4/591007
3675

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Charleston	
Length of stay in lb 1 yr		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shuffit Nursing Home		d. STREET ADDRESS (If outside, give location) 102 Elm Street	
3. NAME OF DECEASED (Type or print) First Stanley Middle Tharon Last Elliott		4. DATE OF DEATH Month 9 Day 22 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-18-89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Custodian		10b. KIND OF BUSINESS OR INDUSTRY Retired Custodian	11. BIRTHPLACE (City and state or country) Calloway Co. Ky. USA
13a. FATHER'S NAME James Polk Elliott		13b. MOTHER'S MAIDEN NAME Ivel Rushing	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs Margaret Little, 785 State Chester, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cardiovascular accident		INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 9/18/62 to 9/22/62 and last saw him alive on 9/22/62 Death occurred at 7:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE E.D. Urban (Degree or title) M. D.	
22b. ADDRESS Sikeston		22c. DATE SIGNED 9-22-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-23-62	23c. NAME OF CEMETERY OR CREMATORY Armer Cemetery	23d. LOCATION (City, town, or county) (State) Bertrand, Mo.
24. FUNERAL DIRECTOR THE GUNNELLEE FUNERAL CHAPEL, Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 9-27-62	
26. REGISTRAR'S SIGNATURE Jeanette Waldman			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Permit issued Sept 22 - 1962

OCT 1 1962

OCT 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John F. Munnell

Licensed Embalmer No. 3851

P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.